FIRE FIGHTER I APPLICATION FOR EMPLOYMENT

PRINT OR TYPE - PLEASE SEE INSTRUCTIONS ON BACK PAGE

APPI	ICANT'S NAME (Last)		(Firs	st)		(M.I.)		LAST 4 NUMBE	DIGITS OF R	SOCIAL S	SECURITY
MAILING ADDRESS (Number and Street)								WORK TELEPHONE NUMBER			
(City)	(City) (County) (State) (Zip Code)							HOME TELEPHONE NUMBER			
ANS	WER THE FOLLOW	WING QUES	TIONS:								
1.	Do you need reas	sonable acc	ommodation to tal	ke an oral int	terview'	?			YES		NO
2.	Do your religious	beliefs prev	ent you from takir	ng an intervie	ew on S	aturday?			YES		NO
3.								🗆	YES		NO
4.		_	re details in Item 5 d from a position f			the Instructions for fu		🗆	YES		NO
	b. Resigned fr discipline w	rom or quit a	a position while ur en against you, or	nder investiga during an a	ation or	after being informed om a disciplinary acti			YES		NO
	c. Been reject any type of	ted or told you	ou would not rece y or trial period or	ive permane n the job?	ent or co	ntinued employment	during	🗆	YES		NO
5.	EXPLANATIONS										
						HEST LEVEL of edu			applicab	le), and	completion
-	date. Please note	that copies	s of transcripts a	and/or diplo	ma <u>MA</u>	Y BE REQUIRED pri					
							Parsonnal He	a Only: [MAY1 10		
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<u>+</u>	YES	MA/GED NO	COLLEGE UNI	TS COMPLETE		AA/AS D	EGREE		BA/BS	S DEGRE	E
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PRINT OR TYPE - PLEASE SEE INSTRUCTIONS ON BACK PAGE

APPLICANT'S NAME (Last)	(First)	(M.I.)	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
I. FIREFIGHTING EXP	ERIENCE: List the applic	able information specified below including classification to	itle, location, employer, and
A). CDF FIREFIGHT			
		Conservation Camp, Fire Center)	
FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	CDF UNIT	
SALARY EARNED	<u> </u>	ADDRESS	
\$	PER		
DUTIES PERFORMED			
REASON FOR LEAVING			
REASON FOR LEAVING			
FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	CDF UNIT	
SALARY EARNED	PER	ADDRESS	
DUTIES PERFORMED	FLIX		
DE400N F0D F41//N0			
REASON FOR LEAVING			
B.) FULL-TIME NON	I-CDF FIREFIGHTING EXF	PERIENCE	
		ons (i.e., City, County, USFS, BLM, or National Park Service, etc.)	
FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	
SALARY EARNED		ADDRESS	
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FIRE FIGHTER I APPLICATION FOR EMPLOYMENT

PRINT OR TYPE - PLEASE SEE INSTRUCTIONS ON BACK PAGE

APPLICANT'S NAME (Last)	(First)	(M.I.)	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER				
III. FIREFIGHTING EXP	ERIENCE, CONTINUED:						
B.) FULL-TIME NON-CDF FIREFIGHTING EXPERIENCE							
Include full-time firefighting FROM (MDY)	g experience with other organizati TO (MDY)	ons (i.e., City, County, USFS, BLM, or National Park Service, etc.) JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)					
	,	(
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME					
SALARY EARNED		ADDRESS					
\$	PER						
DUTIES PERFORMED							
REASON FOR LEAVING							
		RVE FIREFIGHTING EXPERIENCE					
Include firefighting experience FROM (MDY)	ence gained as a Paid Call, Volunt TO (MDY)	teer, and or Reserve Fire Fighter and/or CDF Emergency Worker or Fire Fight JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)	ter Explorer				
TROM (MDT)	10 (MD1)	THE ELOCATION (Madde Nating of Ecvel, if applicable)					
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME					
SALARY EARNED		ADDRESS					
\$ DUTIES PERFORMED	PER						
DOTIEST EN ONWED							
REASON FOR LEAVING							
REAGONT ON ELAWING							
FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)					
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME					
SALARY EARNED	ADDRESS	COMPANY/STATE AGENCY NAME					
\$	PER						
DUTIES PERFORMED							
REASON FOR LEAVING							

FIRE FIGHTER I APPLICATION FOR EMPLOYMENT

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APPLICANT'S NAME (Last)	(First)	(M.I.)	LAST 4 DIGITS OF SOCIAL SECURITY
71 1 E107 IVI O IVIIVE (Edoly	(1.1103)	(m.r.)	NUMBER
		applicable information specified below including classifica VILL BE VERIFIED PRIOR TO APPOINTMENT.	tion title, location, employer, and [MAX] 15
A.) PUBLIC SAFETY			
Include work experience in FROM (MDY)	n a public safety area of AT LEAS TO (MDY)	T 6 MONTHS DURATION (i.e., CDF Volunteers in Prevention, Military, Secu JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)	rity Guard, Lifeguard, Dispatcher, Park Ranger)
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	
SALARY EARNED		ADDRESS	
\$	PER		
DUTIES PERFORMED			
REASON FOR LEAVING			
B.) MEDICAL CARE		of AT LEAST 6 MONTHS DUDATION. Experience must include direct natio	nt core (i.e. Ambulance Attendant Emergency
). Do NOT include non-medical ex	of AT LEAST 6 MONTHS DURATION. Experience <u>must</u> include direct patie sperience.	nt care (i.e., Ambulance Attendant, Emergency
FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	
SALARY EARNED		ADDRESS	
\$	PER		
DUTIES PERFORMED			
REASON FOR LEAVING			
FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	
SALARY EARNED	1	ADDRESS	
\$	PER		
DUTIES PERFORMED			
REASON FOR LEAVING			

FIRE FIGHTER I APPLICATION FOR EMPLOYMENT

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APPLICANT'S NAME (Last)	(First)	(M.I.)	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
IV. NON-FIREFIGHTIN	IG EXPERIENCE, CONT.:		L
	STRIAL/OTHER EXPERIE	NCE	
		HS DURATION (i.e., Carpenter, Mechanic, Cook, etc.).	
FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	
SALARY EARNED	DED	ADDRESS	
\$ DUTIES PERFORMED	PER		
REASON FOR LEAVING			
FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	
SALARY EARNED		ADDRESS	
\$ DUTIES PERFORMED	PER		
REASON FOR LEAVING			
FROM (MDY)	TO (MDY)	JOB TITLE/CLASSIFICATION (Include Range or Level, If applicable)	
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY/STATE AGENCY NAME	
SALARY EARNED		ADDRESS	
\$	PER		
DUTIES PERFORMED REASON FOR LEAVING			
-			

NOTE: If more space is needed for experience, attach additional pages.

FIRE FIGHTER I APPLICATION FOR EMPLOYMENT

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EQUAL EMPLOYMENT OPPORTUNITY

APPLICANT: To assist the State of California in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the following information. This questionnaire will be separated from the application prior to the review.

AGE	UNDER 21 21- 29 30-39	40-69	70 AND OVER		GENDER N	MALE	FEMALE		
Ethn	Ethnic Category (Please check the box that best describes your race/ethnicity):								
	AMERICAN INDIAN OR ALASKAN NATIVE – Persons having origins in any of the tribal peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.								
_	ENTER TRIBAL IDENTIFICATION OR AFF		onimunity recognition.						
	ASIAN – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan, and Korea.								
	BLACK – Persons having origins in any of t	the black racial groups of	f Africa.						
	FILIPINO – Persons having origins in any o	of the original peoples of	the Philippine Islands.						
	HISPANIC – Persons of Mexican, Puerto R	ican, Central or South Ar	merican, or other Spar	nish culture or origin, regardle	ess of race.				
	PACIFIC ISLANDERS – Persons having or	igins in the Pacific Island	ls, such as Samoa.						
	WHITE – Persons having origins in any of the	he original peoples of Eu	rope, North Africa, or	the Middle East.					
Check	c if: OTHER (Specify)								
	DISABLED – A person with a disability is an individual who: (1) Has a physical or mental impairment that substantially limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) Has a record of such an impairment; (3) Is regarded as having such impairment.								
	CHECK ALL DISABILITIES YOU HAVE	WHICH IMPAIR ONE	OR MORE OF YOU	JR MAJOR LIFE ACTIVIT	ES:				
	SIGHT HEARING SPEECH ORTHOPEDIC/AMPUTAIONS EPILEPSY	MEUROLOGIC MENTAL RETA HEART-CIRCU BLOOD RESPIRATOR	JLATORY	DIGESTIVE KIDNEY DIABETES CANCER SKIN CONDITION:	6		MENTAL/EMOTIONAL ALCOHOLISM/DRUG ADDICTION OTHER (Specify)		
HOW	HOW DID YOU LEARN OF THE FIRE FIGHTER I POSITION?								
	NEWSPAPER		RECRUITER			INTI	ERNET		
	JOB ANNOUNCEMENT		SCHOOL			FRII	END/RELATIVE		
	OTHER (Specify)								

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

FIRE FIGHTER I APPLICATION FOR EMPLOYMENT

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INSTRUCTIONS

Read the following instructions carefully before completing this Application. Please complete the Application on a typewriter or personal computer or print in ink. All questions **must** be answered completely and accurately, except as noted. You may be disqualified for any false or misleading statements or for omitting information. The information you furnish will be used to determine your eligibility and/or may be the basis for arriving at your final rating. You may be requested to provide additional information regarding your gualifications, your preference regarding work shifts, etc., and health/medical background.

Social Security Number – Please provide the last four (4) digits of your social security number.

Question 1 – Reasonable Accommodation will be provided to applicants who need assistance to participate in an interview due to a verifiable disability. If you check "yes" you will be contacted via telephone or mail to make specific arrangements.

Question 3 – The minimum age requirement for a Fire Fighter I is 18 years of age at the time of appointment. If you are not currently 18 years of age or older, please indicate your date of birth in the space provided.

Question 4 – Employment History/Discharges. These questions must be answered by all applicants. (a) You must answer "yes" if you have ever, because of poor performance or misconduct, been fired from a job, let go, or had a work contract terminated. (b) You must answer "yes" if you have ever quit a job after being informed that you were under suspicion of misconduct or poor performance or after being informed you could receive disciplinary action. (c) You must answer "yes" if you were ever advised that you would be rejected, released, or not hired permanently after a trial period. Explain any "yes" answers in Item 5. Include the facts in brief, the grounds for any action taken against you, and the circumstances under which you left the position.

SPECIAL NOTE: Verification of the items listed in Section I, Education and/or Section II, Training, may be required at the time of the interview or appointment. Acceptable verification for education is copies of your transcripts and/or diploma. The acceptable verification for training is a copy of your certificate of course completion and/or copy of both sides of your current, valid medical card.

Section I – Education. Fill in the highest level of education you have achieved and the date of completion. For college units, please indicate if semester or quarter units.

Section II – Training. Indicate all certification courses and/or emergency medical training you have successfully completed by marking "yes" or "no."

Signature – Your signature and the date signed is required. If the Application is not signed, it may be rejected and/or may result in your missing the final filing date for this application.

Section III – Firefighting Experience. You must include a complete list of your paid and/or volunteer firefighting work experience for the categories of: A.) CDF firefighting experience, B.) full-time non-CDF firefighting experience, and C.) paid call, volunteer, and/or reserve firefighting experience. List all firefighting jobs, regardless of duration, in the appropriate section(s) on the application.

Section IV – **Non-Firefighting Experience**. You must include a complete list of your paid and/or volunteer non-firefighting experience for the categories of: A.) Public Safety experience, B.) Medical Care Provider experience, and/or C.) Trades/Industrial/Other experience. List all applicable information in the appropriate section(s) on the application.

State employees must list the specific departments for which they worked and indicate the specific civil service class title(s) held.

<u>NOTE</u>: Your completed Application and other related information submitted to CDF becomes confidential information and the property of the State of California as provided by Government Code Section 18934. This application and other confidential information **will not be returned**; therefore, we recommend that you keep a copy of your completed Application for your personal records.

Discrimination on the basis of race, color, creed, national origin, ancestry, sex, marital status, disability, religious our political affiliation, age, or sexual orientation is prohibited.

PLEASE ENTER YOUR NAME ON PAGES 1 THROUGH 5
AND STAPLE ALL PAGES OF THE
APPLICATION TOGETHER BEFORE SUBMITTING!